

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Anita Bradford

 Name
 (2) P.O. Box 390244

 Address (number and street)
 Deltona, FL 32725

 City, State, Zip Code

OFFICE USE ONLY

09-09-16P02:56 RCVD *JK*

Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es): Deltona City Commissioner District 2

Candidate Office Sought: _____

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 08/26/2016 / _____ To 09/02/2016 / _____ Report Type: G1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 150.00

Loans \$ _____

Total Monetary \$ 150.00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ _____

Total Monetary \$ 0.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 3,577.54

(10) TOTAL Monetary Expenditures To Date

\$ 2,127.63

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

Anita Bradford
 (Type name)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Anita Bradford
 Signature

Anita Bradford
 (Type name)

Candidate Chairperson (only for PC and PTY)

X Anita Bradford
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Anita Bradford

(2) I.D. Number _____

(3) Cover Period 08 / 26 / 2016 through 09 / 02 / 2016

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Anita Bradford (2) I.D. Number _____

(3) Cover Period 08/26/2016 / / through 09/02/2016 / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
08/30/2016 / /	Robert Cox *Protected*	I	Retired	Check			150.00
1							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							